	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								i	54	41	10	AUTHO D	ATE	
ŀ	(FOR USE WITH FORM PTO-875)  CLAIMS														
İ						AFTE	R			AS I	TLED	AFTER		AFTER	
-		IND.	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.	
ŀ	1 2	-	7		7	<del></del>			51 52	ļ					
	3								_ 53_					-	
┟	5		/ h		1,				54						
	6		-0		7		$\dashv$		<u>55</u>						
$\vdash$	7 8	<del>  </del>	5						57						
	9							ł	58 59						
	10							ŀ	60						
$\vdash$	11						$\exists$		61						
	13				-		$\dashv$		62						
-	14 15						$\Box$		64						
	16							1	65						
	17						-	F	66						
_	18 19								68						
_	20						$\dashv$	-	70						
_	21							- E	71						
_	3						_		72						
2							$\dashv$	-	73						
2							]		75.						$\dashv$
2							4	-	76						
28	_						-	-	77 78					_	
30									79						
31					- -		-	_	80						
32							1	-	31						
33			<del>- </del> -				7	_	13						
35				-	- -		-	_	5						
<u>36</u> 37			-				1	8							-
38	1		-		-	-	-	8							
39	-				士	_	1	. 8		- -	-		- -		_
40 41	╂—		<del> </del>					90					- -		-
42			1-	-}	-	<del></del>	1	9			1				
43						<u> </u>	İ	93							
44 45	<del> </del>		┤∸		-			94	_						
46				<del>- </del>	-			95							
<del>(7</del> (8		-			1			97	1-		1-		-		
19								98	1				丁		-
0			1	-	1-	<del></del>		99 100	-		4	_	4	1	7
TAL B.		Y		V	1	¥		TOTA		1	;	<del> </del>			$\dashv$
	6	_ ←		÷	<b> </b>	-		TOTAL	:-			_] 4		] 4	1
4	7		1-	1000000	1-			DEF.	-	<u> </u>		-			
<b>≔1</b>			1					TOTAL			<u> </u>	0			
<del>0.</del> (3	44 (R.E	V. 9/03)				•				U.S. D	EPARTM	ZNT er C	OKMER	Œ	